

PLEASE READ ALL INSTRUCTIONS BEFORE ((H13000237734 3)))

FILED

13 OCT 25 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** KE8093  
1. Corporation Name  
**TINIMAR, INC.**

2. Principal Office Address - No P.O. Box # <b>1399 Banana River Dr.</b>		3. Mailing Office Address <b>1399 Banana River Dr.</b>	
Suite, Apt. #, etc. <b>Bldg. A</b>		Suite, Apt. #, etc. <b>Bldg. A</b>	
City & State <b>Indian Harbour Beach, FL</b>		City & State <b>Indian Harbour Beach, FL</b>	
Zip <b>32937</b>	Country <b>US</b>	Zip <b>32937</b>	Country <b>US</b>

CR2B081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
**05/15/1989**

5. FEI Number  
**59-2948640**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name  
**Telemachos, Nicholas**

Street Address (P.O. Box Number is Not Acceptable)  
**3101 N. Hwy. A1A**

Suite, Apt. #, Etc.  
**Bldg. A**

City  
**Indianantic**

State  
**FL**

Zip Code  
**32903**

**REINSTATEMENT**  
**2012-2013**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date: **October 11, 2013**

REGISTERED AGENT MUST SIGN


9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Telemachos, Nicholas	1399 Banana River Dr., Bldg. A	Indian Harbour Beach, FL 32937

**OCT 28 2013**  
**L. SELLERS**

10. E-mail Address: **nick@tinimar@aol.com**  
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  **Nicholas Telemachos** Date: **October 11, 2013** 321-271-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Fax Number : (850) 617-6384

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: nicktelemar@aol.com

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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  
TINIMAR, INC.

Certificate of Status	1
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